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It does NOT get mailed to the applicant.

**NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)**

APPLICATION NUMBER: 507064

Total Fee Calculation

Fee Code	Total # Claims	Number Exam	X	Fee	Fee	Total
Sub Total						
Basic Filing Fee	<u>20</u>					<u>690.00</u>
Total Claims > 20	<u>21/100</u>	<u>61</u>	<u>20</u> + <u>41</u>	<u>X</u>		<u>738.00</u>
Independent Claims > 1	<u>24/100</u>	<u>9</u>	<u>4</u> + <u>6</u>	<u>X</u>		<u>468.00</u>
Multi. Dep. Claim Present	<u>204/100</u>					
Surcharge	<u>205/100</u>					<u>130.00</u>
English Translation	<u>111</u>					

TOTAL FEE CALCULATION

Fees due upon filing the application.

Total Filing Fees Due = \$ 2026.00

Less Filing Fees Submitted = \$ 1

BALANCE DUE = \$ 2026.00

James Washington
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

507064

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	61 minus 20 =	41
INDEPENDENT CLAIMS	9 minus 3 =	6
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE OR

OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
	345.00		690.00
X\$ 9=		X\$18=	73 ⁰⁰
X39=		X78=	468 ⁶⁰
+130=		+260=	
TOTAL		TOTAL	1896 ⁰⁰

SMALL ENTITY

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.